

<b>Case Number:</b>	CM13-0043648		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California, New York and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old female who reported an injury on 12/21/2010. The mechanism of injury was not provided. On 08/27/2013, the injured worker presented with neck pain. Previous treatment included a TENS unit, medication, and physical therapy. Medications include naproxen, Neurontin, and gabapentin. Past medical history included a deep vein "thrombophlis" of the left leg. No physical examination was provided at this time. The provider recommended a prescription of Neurontin 300 mg with a quantity of 120 and 1 refill. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PRESCRIPTION OF NEURONTIN 300MG, #120 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The request for a prescription of Neurontin 300 mg with a quantity of 120 and 1 refill is non-certified. The California MTUS note gabapentin is an anti-epilepsy drug, also

referred to as anticonvulsants, which have been shown to have been effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and have been considered as a first-line treatment for neuropathic pain. The injured worker has been prescribed Neurontin since at least 06/2013, and the efficacy of the medication was not provided. There is a lack of documentation regarding significant pain relief, functional improvements, and side effects to determine the necessity of continued use for Neurontin. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.